

MDCH Nursing Facilities Database

JUNE 2005

(Provider Types 60, 61, 62, 72, and 64)

Physical Therapy (Revenue Codes - 0420, 0424, 0429)

<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>
095851	6.33	097020	2.92	097035GP	7.40	097140	15.93
095852	4.41	097022GP	8.97	097036	13.91	097504GP	34.21
097001	44.64	097024	3.59	097039	6.95	097520	16.82
097002	23.55	097026	2.92	097110GP	17.27	097530GP	17.50
097012	8.97	097028	3.59	097112GP	17.27	097535GP	17.94
097014	8.52	097032GP	9.42	097116GP	14.80	097542GP	16.60
097016	8.52	097033	12.56	097124GP	13.23	097799GP	.01
097018GP	4.04	097034	8.52	097139GP	9.42		

Occupational Therapy (Revenue Codes - 0430, 0434, 0439)

<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>
092526	50.02	097018GO	4.04	097112GO	17.27	097535GO	17.94
097003	47.55	097022GO	8.97	097116GO	14.80	097542GO	16.60
097004	27.36	097032GO	9.42	097124GO	13.23	097799GO	.01
095851	6.33	097034	8.52	097139GO	9.42		
095852	4.41	097035GO	7.40	097504GO	34.21		
097016	8.52	097110GO	17.27	097530GO	17.50		

Speech Pathology (Revenue Codes 0440, 0443, 0444, 0449)

<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>	<u>CPT CODE</u>	<u>FEE</u>
92506	\$78.95	92508	\$17.72	92597	\$58.32
92507	\$37.46	92526	\$50.02	92610	\$79.31

Daily Nursing Care (Revenue Codes 0110, 0120, 0130, 0140, 0150) – Reimbursement is the facility's established rate as determined by Medicaid.

Hospital Swing Beds - \$135.04 (January 1, 2005)

Hospital Leave Day (Revenue Code 0185) - \$78.96/day (October 1, 2004 – September 30, 2005)

Therapeutic Leave Day (Revenue Code 0183) – Reimbursement is the facility's normal daily rate.

Medicare/Medicaid Coinsurance Days - \$114.00 (January 1, 2005 – December 1, 2005)

(Provider Type 62)

Pharmacy (Revenue Code 0250) – Interim reimbursement is based on a percentage of charge. Final reimbursement is calculated during the respective period's cost settlement and is based on that period's audited cost to charge ratio.

(Provider Types 61, 62)

Oxygen (Revenue Code 0410) – Interim reimbursement is based on a percentage of charge. Final reimbursement is calculated during the respective period's cost settlement and is based on that period's audited cost to charge ratio.

All other services are included in the Nursing Facility's per diem rate or are ancillary services that must be provided and billed by the appropriate enrolled provider.

Additional Nursing Facility Reimbursement Information

Additional reimbursement information can be found on this MDCH website, click on Providers, Information for Medicaid Providers, Long Term Care Provider Forms.

.01 means individual pricing